

[Your Practice Name]
[Your Practice Address]
[City, State, Zip Code]
[Phone Number]
[Email Address]
[Date]

[Patient's Name]
[Patient's Address]
[City, State, Zip Code]

Dear [Patient's Name],

Welcome to [Your Practice Name]! We are pleased to have you as a new patient and look forward to providing you with high-quality healthcare services.

Please review the following important information regarding your upcoming visit:

****Appointment Details:****

- Date: [Appointment Date]
- Time: [Appointment Time]
- Location: [Practice Address or Specific Location]

****What to Bring:****

- A valid ID
- Your insurance card (if applicable)
- Any relevant medical records
- List of medications you are currently taking
- Questionnaire form (if applicable, attached)

****Arrival Time:****

Please arrive at least [15-30] minutes prior to your appointment to complete any necessary paperwork.

****Cancellation Policy:****

If you need to cancel or reschedule your appointment, please let us know at least [24/48 hours] in advance.

If you have any questions or need further assistance, do not hesitate to contact us at [Phone Number] or [Email Address].

We look forward to meeting you!

Warm regards,

[Your Name]
[Your Title]
[Your Practice Name]
[Contact Information]